

APPLICATION FORM

URBAN GREENING PLANNING GRANT PROGRAM State of California – Strategic Growth Council

APPLICANT (Agency and address - including zip) <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> Joint Powers Authority Council of Governments Countywide Authority Metropolitan Planning Organization Local Government/Special District Non-Profit organization </div> <div style="width: 10%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div>	CHECK ONE	Grant Amount Requested: \$ _____ Estimated Date of Completion: _____ Estimated Total Plan Cost: \$ _____ (including State Grant, other funds and In-Kind donations) <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">County</div> <div style="width: 35%;">City</div> </div>
Describe the Geographic Area of the Plan, i.e., Service Area		
Title of Urban Greening Plan	Senate District Number(s)	Assembly District Number(s)
Applicant's Representative Authorized in Resolution <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Name: _____ Phone: _____ </div> <div style="width: 45%;"> Title: _____ Email Address: _____ </div> </div> Person with Day to Day Responsibility for Plan Development (if different from Authorized Representative) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Name: _____ Phone: _____ </div> <div style="width: 45%;"> Title: _____ Email Address: _____ </div> </div>		
Brief Description of Plan	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Latitude</div> <div style="width: 30%;">Longitude</div> </div> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> Coordinates Represent: _____ Coordinates Determined Using: _____ (See next page for instructions and choices)	
Priority Consideration - Check if the Plan is proposed by or will serve a Disadvantaged or Severely Disadvantaged Community.		Plan Data: Please enter the quantity on all the following measures that apply to your Plan or Plan Area.
<input type="checkbox"/>	Disadvantaged Community	
<input type="checkbox"/>	Severely Disadvantaged Community	
Existing Planning Documents for Jurisdiction - Please indicate Yes or No to the following:		<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Square miles included in Plan Area. <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Population of Plan Area. <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Percent of Population below the Poverty Threshold.
<input type="checkbox"/>	Does this jurisdiction have a General Plan?	
<input type="checkbox"/>	Does this jurisdiction have a Regional Plan?	
<input type="checkbox"/>	Does this jurisdiction have a Model Water Efficient Landscape Ordinance (refer to http://water.ca.gov/wateruseefficiency/landscapeordinance/)	
<input type="checkbox"/>	Does this jurisdiction have an adopted Plant Palette?	

I certify that the information contained in this plan application, including required attachments, is complete and accurate.

Signature: _____
Applicant's Authorized Representative as shown in Resolution

Date

Print Name and Title: _____

